| Million Million | Cas | e 19-16950-mkn Doc | 1 Entered 10/28 | 3/19 13:16:37 | Page 1 of 61 | 10/28/19 10:03AM |
|--|---|---|--|---|--|---|
| Fil | l in this information to ident | ify your case: | | | | |
| Un | ited States Bankruptcy Court | for the: | | | | |
| | <u> </u> | ioi tire. | | | | |
| | STRICT OF NEVADA | | | | | |
| Ca | se number (if known) | | Chapter you are fi | ling under: | | |
| | | | Chapter 7 | | | |
| | | | ☐ Chapter 11 | | | |
| | | | ☐ Chapter 12 | | 122-at VelCalination William 455 where | |
| | | | ☐ Chapter 13 | | Check if this is an amended filing | |
| The cas wou betwall of all of Be a | bankruptcy forms use you e—and in joint cases, these ald be yes if either debtor owen them. In joint cases, o of the forms. as complete and accurate as e space is needed, attach a ry question. | on for Individual and Debtor 1 to refer to a debtor forms use you to ask for informa vns a car. When information is no ne of the spouses must report in s possible. If two married people separate sheet to this form. On the | filing alone. A married co ation from both debtors. F eeded about the spouses formation as <i>Debtor 1</i> and are filing together, both a | ouple may file a bant For example, if a for separately, the form d the other as <i>Debto</i> | kruptcy case together—call m asks, "Do you own a car, n uses <i>Debtor 1</i> and <i>Debtor or 2</i> . The same person must ible for supplying correct in | ," the answer [•] 2 to distinguish t be <i>Debtor 1</i> in formation, If |
| /A2 | *********** | About Debtor 1: | | About Debtor 2 (| (Spouse Only in a Joint Cas | e): |
| 1. | Your full name | | | | | |
| | Write the name that is on your government-issued | YELAINE | | | | |
| | picture identification (for | First name | | First name | | |
| | example, your driver's license or passport). | A Middle name | | KRAINE LAND | | |
| | Bring your picture | 7.12.10.5 | | Middle name | | |
| | identification to your | FRIMAN-ARIAS Last name and Suffix (Sr., Jr., II, I | IIIV | Last same and Si | uffix (Sr., Jr., II, III) | |
| | meeting with the trustee. | Last name and outlix (St., St., II, I | | cast name and St | umx (31., 31., 11, 111) | |
| 2. | All other names you have used in the last 8 years | | | | | |
| | Include your married or maiden names. | 8 | * | ě | 9 | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4479 | | | | |

Entered 10/28/19 13:16:37

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

Entered 10/28/19 13:16:37 Case 19-16950-mkn Doc 1
Deblor 1 YELAINE A FRIMAN-ARIAS

Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are | Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
|-----|---|--|--|---|---|--|----------------|
| | choosing to file under | ■ Chap | | 1 8 | 1(8) (8) | | |
| | | | oter 11 | | | | |
| | | ☐ Chap | | | | | |
| | | | oter 13 | | | | |
| | | ALLE ANAMAN | | | | | |
| 8. | How you will pay the fee | ab or | out how y der. If you | ou may pay. Typically, if you are p | aying the fee you | with the clerk's office in your local court for urself, you may pay with cash, cashier's che lf, your attorney may pay with a credit card o | ck, or money |
| | | □ In | eed to pa | y the fee in installments. If you dee in Installments (Official Form 10 | hoose this option | n, sign and attach the Application for Individu | uals to Pay |
| | | ☐ Ird bu ap | equest the t is not re plies to yo | at my fee be waived (You may re quired to, waive your fee, and may our family size and you are unable | quest this option do so only if you to pay the fee in | only if you are filing for Chapter 7. By law, a r income is less than 150% of the official po installments). If you choose this option, you al Form 103B) and file it with your petition. | verty line tha |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | |
| | last 8 years? | ☐ Yes. | | | | | |
| | | | District | v | hen | Case number | |
| | | | District | W | hen | Case number | |
| | | | District | W | hen | Case number | 1 |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | W | nen | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | w | nen | Case number, if known | |
| 1. | Do you rent your | ■ No. | Go to | line 12. | | | |
| í | residence? | ☐ Yes. | Has y | our landlord obtained an eviction ju | dgment against | you? | |
| | | | | No. Go to line 12. | | | |
| | | | | Yes. Fill out <i>Initial Statement Abo</i> this bankruptcy petition. | ut an Eviction Ju | dgment Against You (Form 101A) and file it | as part of |

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 YELAINE A FRIMAN-ARIAS

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days,

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Certificate Number: 15725-NV-CC-033502410

15725-NV-CC-033502410

CERTIFICATE OF COUNSELING

I CERTIFY that on October 3, 2019, at 3:21 o'clock PM EDT, Yelaine Friman received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 3, 2019

By: /s/Jeffrey Figueroa

Name: Jeffrey Figueroa

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Case 19-16950-mkn Doc 1 Entered 10/28/19 13:16:37 9/30/19 9:58AM Page 7 of 61 Debtor 1 YELAINE A FRIMAN-ARIAS Case number (if known) Part 6: Answer These Questions for Reporting Purposes What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? □ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No. are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1-49** 1.000-5.000 25,001-50,000 you estimate that you □ 5001-10,000 50.001-100.000 □ 50-99 owe? 10.001-25.000 More than 100,000 100-199 200-999 How much do you ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion \$0 - \$50,000 estimate your assets to □ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion \$100,001 - \$500,000 ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion ☐ \$500,001 - \$1 million How much do you ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion \$0 - \$50,000 estimate your liabilities ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,001 - \$50 million □ \$50,001 - \$100,000 to be? ☐ \$10,000,000,001 - \$50 billion ☐ \$50,000,001 - \$100 million \$100,001 - \$500,000 ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion ☐ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 YELAINE A FRIMAN-ARIAS

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on

10128119

MM / DD / YYYY

Debtor 1 YELAINE A FRIMAN-ARIAS

Case number (if known)

10/28/19 10:03AM

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ MICHAEL J. HARKER

Signature of Attorney for Debtor

Date October 28, 2019

MM / DD / YYYY

MICHAEL J. HARKER 5353

Printed name

LAW OFFICES OF MICHAEL J. HARKER

irm nam

2901 EL CAMINO AVE STE# 200

Las Vegas, NV 89102

Number, Street, City, State & ZIP Code

Contact phone 702-248-3000

Email address

NOTICES@HARKERLAWFIRM.COM

5353 NV

Bar number & State

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7: | Liquidation | |
|---------|------|--------------------|---|
| \$ | 245 | filing fee | _ |
| | \$75 | administrative fee | |
| + | \$15 | trustee surcharge | |
| \$ | 335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans:

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|-----|-------|--------------------|
| + . | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

10/28/19 TO:03AM

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| R | Il in this imformation to identify your case: | a challen con com | 10/26/19 10:03AN |
|-------|---|---------------------------------|--------------------------------|
| | | | |
| | Potor 1 YELAINE A FRIMAN-ARIAS First Name Middle Name Last Name | | |
| 287.5 | ebtor 2 ouse if, filing) First Name Middle Name Last Name | | |
| 606 | nited States Bankruptcy Court for the: DISTRICT OF NEVADA | | |
| | | | |
| 1000 | ise number | AND EXCEPTIONS | if this is an led filing |
| | | | 36973.00400 7 1.0 |
| 0 | fficial Form 106Sum | | |
| Sı | ımmary of Your Assets and Liabilities and Certain Statistical Informatio | n 1 | 2/15 |
| inf | as complete and accurate as possible. If two married people are filing together, both are equally responsibl ormation. Fill out all of your schedules first; then complete the information on this form. If you are filing ame or original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | e for supplyin ended schedul | g correct es after you file |
| Pa | rt 1: Summarize Your Assets | | |
| | | Your as Value of | sets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | 1,811.75 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | . \$ | 1,811.75 |
| De | rt 2: Summarize Your Liabilities | | 1,011.70 |
| 2 | | Your lia Amount | bilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | s | 189,075.63 |
| | Your total liabiliti | es \$ | 189,075.63 |
| Pa | 13: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 600.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J. | \$ | 600.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | 550 | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with | your other sche | edules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily f household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | or a personal, f | amily, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check to the court with your other schedules. | his box and sul | omit this form to |
| 04 | cial Form 106Sum Summary of Your Access and Liabilities and Cortain Statistical Information | | 9 . 1_ |

| Debtor 1 YELAINE A FRIMAN-ARIAS | Case number (if known) | Ni Pitt Halle Hall | 10/28/19 T0:03AM | 7100 |
|---|---|--------------------|------------------|------|
| From the Statement of Your Current Monthly Income: Co 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 | py your total current monthly income from Official Form Line 14. | \$ | 600.00 | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total clain | n |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | s | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this info | rmation to identify your | case and this filing: | | | PURE MARKET CONTROL OF THE PROPERTY OF THE PRO |
|----------------------------------|--|--|--|------------------------|--|
| Deptor 1 | YELAINE A FRIM | AN-ARIAS | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | DISTRICT OF NEVADA | | 3 | |
| Case number | | | | | (<u>1777)</u> - 2011 - 17 (1770) |
| Case Hullibel | | | | | Check if this is a amended filing |
| | | | | | |
| Official Fo | orm 106A/B | | | | |
| Schedu | le A/B: Prop | ertv | | | 12/15 |
| n each category. | separately list and describe | e items. List an asset only once | e. If an asset fits in more than one | category, list the as: | et in the category where you |
| think it fits best. I | Be as complete and accura re space is needed, attach | te as possible. If two married p | people are filing together, both are on the top of any additional pages, | equally responsible t | or supplying correct |
| Part 1: Describe | Each Residence, Building | , Land, or Other Real Estate Yo | ou Own or Have an Interest in | | |
| | | | ding, land, or similar property? | | |
| _ | | | ama, iana, or similar property. | | |
| No. Go to Pa | | | | | |
| □ res. villere | is the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| Canter Describe | Tour venicles | | | | |
| someone else dr | ves. If you lease a vehicle | e, also report it on <i>Schedule</i> of ility vehicles, motorcycles | les, whether they are registered G: Executory Contracts and Unex | kpired Leases. | en (f. 1964) - 1966) - 1966) - 1966) - 1966) - 1966) - 1966) - 1966) - 1966) - 1966) - 1966) - 1966) - 1966) - |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| . Watercraft, a Examples: Boa | rcraft, motor homes, Al its, trailers, motors, perso | Vs and other recreational value of the recreational value of the recrease of t | vehicles, other vehicles, and ac s, snowmobiles, motorcycle acce | ccessories ssories | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| 5 Add the dolla | ar value of the portion v | ou own for all of your entric | es from Part 2, including any er | ntries for | |
| pages you h | ave attached for Part 2. | Write that number here | g any a | => | \$0.00 |
| D-12 D-1-16 | | ************************************** | | | |
| | Your Personal and House have any legal or equita | noid items ble interest in any of the fo | llowing items? | , | Current value of the |
| | | | of crests and an extraordinates a plan strait. | | portion you own? |
| - 1225 ONE CONTRACTOR | 87.0000 TO THE TOTAL SECTION OF THE TOTAL SECTION O | | | | Do not deduct secured claims or exemptions. |
| Examples: Ma | oods and furnishings ajor appliances, furniture, | linens, china, kitchenware | | | |
| □ No | | | | | |
| Yes, Desc | ribe | | | | |
| | BED SET. | TABLES, COUCHES | | | \$1,000.00 |
| | | | | | 7.037.07 |
| Electronics | | | | | |
| Examples: Te | levisions and radios; audi | io, video, stereo, and digital e eras, media players, games | equipment; computers, printers, se | canners; music coll | ections; electronic devices |
| □ No | and and known as a sound | | | | |

Official Form 106A/B

Schedule A/B: Property

page 1

| BOOK BURNES TO SHOULD AND A STATE OF THE PARTY OF THE PAR | Province (Province Control of the Co |)/28/19 13:16:37 Page | LO OT OL 10/28/19 10/03 |
|--|--|--|---|
| TECHNE AT KINAN | I-ARIAS | Case number (If known |)************************************* |
| Yes. Describe | | | |
| TV'S | | | \$500.00 |
| | | | |
| Collectibles of value Examples: Antiques and figurines other collections, mem No ☐ Yes. Describe | s; paintings, prints, or other artwork; books, pic norabilia, collectibles | stures, or other art objects; stamp, coir | n, or baseball card collections; |
| Equipment for sports and hobbine Examples: Sports, photographic, emusical instruments | es exercise, and other hobby equipment; bicycles | s, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| ■ No □ Yes. Describe | | | |
| 10. Firearms Examples: Pistols, rifles, shotgur ■ No | ns, ammunition, and related equipment | | |
| ☐ Yes. Describe | | | |
| 11. Clothes | s, leather coats, designer wear, shoes, access | ories | |
| SHOE | S, CLOTHING | | |
| SHOES | s, CLOTHING | | \$300.00 |
| ■ No □ Yes. Describe 13. Non-farm animals Examples: Dogs, cats, birds, hors ■ No □ Yes. Describe | | | gold, silver |
| ■ No □ Yes. Give specific information | old items you did not already list, including | g any health aids you did not list | |
| 15. Add the dollar value of all of yo for Part 3. Write that number he | our entries from Part 3, including any entrie | es for pages you have attached | \$1,800.00 |
| Part 4: Describe Your Financial Assets | | | |
| Do you own or have any legal or eq | uitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | ır wallet, in your home, in a safe deposit box, | and on hand when you file your petitio | |
| | *************************************** | | |
| institutions, if you nave | other financial accounts; certificates of deposit multiple accounts with the same institution, li | ; shares in credit unions, brokerage h st each. | ouses, and other similar |
| □ No ■ Yes | Institution name: | | |

Official Form 106A/B

Schedule A/B: Property

No.

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

| Case 19-16950-mkn Dor | oc 1. Fintered 10/28/19 13:16:37 Page 18 of 61 | i0/28/19 10:03A |
|--|---|-----------------------|
| Debtor 1 YELAINE A FRIMAN-ARIAS | Case number (if known) | |
| –28. Tax-refunds-owed-to-you – | | * |
| | whether you already filed the returns and the tax years | |
| | <u>-</u> | |
| ■ No | upport, child support, maintenance, divorce settlement, property settlement | |
| ☐ Yes. Give specific information | | |
| 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance paymen benefits; unpaid loans you made to someone No | nts, disability benefits, sick pay, vacation pay, workers' compensation, So one else | cial Security |
| ☐ Yes. Give specific information | | |
| ■ No | savings account (HSA); credit, homeowner's, or renter's insurance | |
| ☐ Yes. Name the insurance company of each policy and Company name: | | ender or refund e: |
| 32. Any interest in property that is due you from some of if you are the beneficiary of a living trust, expect processomeone has died. ■ No □ Yes. Give specific information | one who has died eeds from a life insurance policy, or are currently entitled to receive propert | y because |
| 33. Claims against third parties, whether or not you hav Examples: Accidents, employment disputes, insurance ■ No □ Yes. Describe each claim | ve filed a lawsuit or made a demand for payment e claims, or rights to sue | |
| 34. Other contingent and unliquidated claims of every n ■ No □ Yes. Describe each claim | nature, including counterclaims of the debtor and rights to set off cla | lms |
| 35. Any financial assets you did not already list | | |
| ■ No | | |
| ☐ Yes. Give specific information | | |
| 36. Add the dollar value of all of your entries from Part for Part 4. Write that number here | rt 4, including any entries for pages you have attached | \$11.75 |
| Part 5: Describe Any Business-Related Property You Own or H | Have an Interest In. List any real estate in Part 1. | |
| 37. Do you own or have any legal or equitable interest in any bu No. Go to Part 6. | usiness-related property? | |
| ☐ Yes. Go to line 38. | | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related F If you own or have an interest in farmland, list it in Part 1. | Property You Own or Have an Interest In. | |
| 46. Do you own or have any legal or equitable interest in No. Go to Part 7. ☐ Yes. Go to line 47. | n any farm- or commercial fishing-related property? | |
| Part 7: Describe All Property You Own or Have an Interes | st in That You Did Not List Above | |

Official Form 106A/B

Schedule A/B: Property

10/28/19 10:03AM Debtor 1 YELAINE A FRIMAN-ARIAS Case number (if known) 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 55. \$0.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,800.00 58. Part 4: Total financial assets, line 36 \$11.75 59. Part 5: Total business-related property, line 45

\$0.00

\$0.00

\$0.00

Copy personal property total

\$1,811.75

Entered 10/28/19 13:16:37 Page 19 of 61

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

61.

62.

ase 19-16950-mkn Doc 1

\$1,811.75

\$1,811.75

| Debtor 1 YELAINE A FRIMAN-ARIAS First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last N United States Bankruptcy Court for the: DISTRICT OF NEVADA Case number (If known) Official Form 106C Schedule C: The Property You Claim a Be as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your sheeded, fill out and attach to this page as many copies of Part 2: Additional Page at case number (if known). For each item of property you claim as exempt, you must specify the amount specific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health alternaty and the value of the property is deternative to a particular dollar amount. However, if you claim an exemption exemption to a particular dollar amount and the value of the property is deternative to the property is deternative | Check if this is an amended filing SEXEMPT both are equally responsible for supplying correct information. Using purce, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a riket value of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the pr |
|---|--|
| Debtor 2 (Spouse if, filing) First Name Middle Name Last N United States Bankruptcy Court for the: DISTRICT OF NEVADA Case number (If known) Difficial Form 106C Schedule C: The Property You Claim a re as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your seeded, fill out and attach to this page as many copies of Part 2: Additional Page a asse number (if known). or each item of property you claim as exempt, you must specify the amount pecific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health ail unds—may be unlimited in dollar amount. However, if you claim an exemptions The Middle Name Last N DISTRICT OF NEVADA DISTRICT OF NEVADA | Check if this is an amended filing SEXEMPT both are equally responsible for supplying correct information. Using purce, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a riket value of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the space of the property being exempted up to the amount of the pr |
| Spouse if, filing) First Name Middle Name Last N United States Bankruptcy Court for the: DISTRICT OF NEVADA Case number If known) Difficial Form 106C Schedule C: The Property You Claim a e as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your seeded, fill out and attach to this page as many copies of Part 2: Additional Page at as enumber (if known). For each item of property you claim as exempt, you must specify the amount pecific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health all ands—may be unlimited in dollar amount. However, if you claim an exemptions may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health all ands—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health all ands—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health all ands—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health all ands—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health all ands—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health all ands—may be unlimited in dollar amount. However, if you claim an exemption and the full fair may be unlimited in dollar amount. | Check if this is an amended filing SEXEMPT both are equally responsible for supplying correct information. Using purce, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a supplying correct information. Using purce, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a confidence of the property being exempted up to the amount of the distribution of the property being exempted up to the amount of the pr |
| Case number Official Form 106C Schedule C: The Property You Claim a e as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your seeded, fill out and attach to this page as many copies of Part 2: Additional Page a ase number (if known). or each item of property you claim as exempt, you must specify the amount pecific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health airnds—may be unlimited in dollar amount. However, if you claim an exemptions may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health airnds—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health airnds—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health airnds—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health airnds—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health airnds—may be unlimited in dollar amount. However, if you claim an exemptions—such as those for health airnds—may be unlimited in dollar amount. | amended filing S Exempt both are equally responsible for supplying correct information. Using burce, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a supplying the exemption you claim. One way of doing so is to state a riket value of the property being exempted up to the amount of the distribution of 100% of fair market value under a law that limits the |
| Official Form 106C Schedule C: The Property You Claim as a scomplete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your stated, fill out and attach to this page as many copies of Part 2: Additional Page as the seen number (if known). For each item of property you claim as exempt, you must specify the amount precific dollar amount as exempt. Alternatively, you may claim the full fair may applicable statutory limit. Some exemptions—such as those for health all nds—may be unlimited in dollar amount. However, if you claim an exemptions—may be unlimited in dollar amount. | amended filing S Exempt both are equally responsible for supplying correct information. Using burce, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a supplying the exemption you claim. One way of doing so is to state a riket value of the property being exempted up to the amount of the distribution of 100% of fair market value under a law that limits the |
| Difficial Form 106C Schedule C: The Property You Claim as e as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your seeded, fill out and attach to this page as many copies of Part 2: Additional Page as as number (if known). For each item of property you claim as exempt, you must specify the amount pecific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health alternatively may be unlimited in dollar amount. However, if you claim an exemptions—may be unlimited in dollar amount. | amended filing S Exempt both are equally responsible for supplying correct information. Using burce, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a supplying the exemption you claim. One way of doing so is to state a riket value of the property being exempted up to the amount of the distribution of 100% of fair market value under a law that limits the |
| e as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your seeded, fill out and attach to this page as many copies of Part 2: Additional Page as as enumber (if known). For each item of property you claim as exempt, you must specify the amount pecific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health all tinds—may be unlimited in dollar amount. However, if you claim an exemptions | both are equally responsible for supplying correct information. Using burce, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a supply of the exemption you claim. One way of doing so is to state a riket value of the property being exempted up to the amount of the distribution of 100% of fair market value under a law that limits the |
| e as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your seeded, fill out and attach to this page as many copies of Part 2: Additional Page as as enumber (if known). For each item of property you claim as exempt, you must specify the amount pecific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health all unds—may be unlimited in dollar amount. However, if you claim an exemptions | both are equally responsible for supplying correct information. Using ource, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a of the exemption you claim. One way of doing so is to state a riket value of the property being exempted up to the amount of the increase of the property being exempted up to the amount of the fights to receive certain benefits, and tax-exempt retirements of 100% of fair market value under a law that limits the |
| e as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your seeded, fill out and attach to this page as many copies of Part 2: Additional Page as as enumber (if known). For each item of property you claim as exempt, you must specify the amount pecific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health all this property be unlimited in dollar amount. However, if you claim an exemptions—such as those for health all this property be unlimited in dollar amount. | both are equally responsible for supplying correct information. Using ource, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a of the exemption you claim. One way of doing so is to state a riket value of the property being exempted up to the amount of the increase of the property being exempted up to the amount of the fights to receive certain benefits, and tax-exempt retirements of 100% of fair market value under a law that limits the |
| e as complete and accurate as possible. If two married people are filing together, the property you listed on Schedule A/B: Property (Official Form 106A/B) as your seeded, fill out and attach to this page as many copies of Part 2: Additional Page as as enumber (if known). For each item of property you claim as exempt, you must specify the amount pecific dollar amount as exempt. Alternatively, you may claim the full fair many applicable statutory limit. Some exemptions—such as those for health all this property be unlimited in dollar amount. However, if you claim an exemptions—such as those for health all this property be unlimited in dollar amount. | both are equally responsible for supplying correct information. Using ource, list the property that you claim as exempt. If more space is a necessary. On the top of any additional pages, write your name a of the exemption you claim. One way of doing so is to state a riket value of the property being exempted up to the amount of the increase of the property being exempted up to the amount of the fights to receive certain benefits, and tax-exempt retirements of 100% of fair market value under a law that limits the |
| the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt Which set of exemptions are you claiming? Check one only, even if your space of your are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(2) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill it | ouse is filing with you. § 522(b)(3) |
| | of the exemption you claim Specific laws that allow exemption |
| | ly one box for each exemption. |
| BED SET, TABLES , COUCHES \$1,000.00 | \$1,000.00 Nev. Rev. Stat. § 21.090(1)(b |
| | % of fair market value, up to applicable statutory limit |
| TV'S \$500.00 | \$500.00 Nev. Rev. Stat. § 21.090(1)(b |
| Line from Schedule A/B: 7.1 | % of fair market value, up to |
| | applicable statutory limit |
| SHOES, CLOTHING \$300.00 | \$300.00 Nev. Rev. Stat. § 21.090(1)(b) |
| Line from Schedule A/B: 11.1 | |
| | % of fair market value, up to applicable statutory limit |
| CHECKING: WELLS FARGO \$11.75 ■ | \$11.75 Nev. Rev. Stat. § 21.090(1)(z) |
| Line from Schedule A/B: 17.1 | % of fair market value, up to |
| 57-5 | applicable statutory limit |
| Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed o No ✓ Yes. Did you acquire the property covered by the exemption within 1,215 | TO AND THE CONTRACT OF THE CON |
| ☐ No ☐ Yes | days before you filed this case? |

Case 19-16950-mkn Doc 1 Entered 10/28/19 13:16:37 Page 21 of 61

Debtor 1 YELAINE A FRIMAN-ARIAS

Case number (if known)

Official Form 106C

10/28/19 10:03AM

| Fill in this infor | mation to identify your | case: | | | | |
|---------------------------------|--------------------------|-------------------------|-----------|--|-----|---------------------|
| Debtor 1 | YELAINE A FRIM | AN-ARIAS Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | The second secon | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEVADA | | | =:- | |
| Case number (if known) | | | | | _ | Check if this is an |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| H21. | | | 10/28/19 10:0 |
|----------------|--|--|---|
| | in this information to identify your case: | | |
| De | otor 1 YELAINE A FRIMAN-AR | | |
| De | otor 2 | Viddle Name Last Name | |
| ATTEMPT | | Middle Name Last Name | |
| Un | ted States Bankruptcy Court for the: DISTF | RICT OF NEVADA | |
| Ca | se number | | |
| | iown) | | Check if this is an |
| _ | | | amended filing |
|)f | icial Form 106E/F | | |
| | hedule E/F: Creditors Who H | ave Unsecured Claims | 12/15 |
| eft. am | dule D: Creditors Who Have Claims Secured by F et and case number (if known). | ses (Official Form 106G). Do not include any creditors with partially secured clair Property. If more space is needed, copy the Part you need, fill it out, number the have no information to report in a Part, do not file that Part. On the top of any ad | antrine in the haves on th |
| NAME OF STREET | t1: List All of Your PRIORITY Unsecured | THE CONTRACTOR OF THE CONTRACT | |
| * | Do any creditors have priority unsecured claims | against you? | |
| | No. Go to Part 2. | | |
| | ☐ Yes. | | |
| Pai | List All of Your NONPRIORITY Unsec | | |
| -V. | | cured Claims | |
| 3. | | | |
| | Do any creditors have nonpriority unsecured clai | ims against you? | |
| 3. | Do any creditors have nonpriority unsecured clai | ims against you? | |
| | Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes. | ims against you? it this form to the court with your other schedules. | |
| | Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in thursecured claim. Jist the creditor separately for each | ims against you? | natural in Dart 1 If more |
| 1. | Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in thunsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other. | ims against you? If this form to the court with your other schedules, The alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim, listed, identify what type of claim, it is no not list claims already. | natural in Dart 1 If more |
| | Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in thunsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other. | ims against you? If this form to the court with your other schedules, The alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim, listed, identify what type of claim, it is no not list claims already. | ncluded in Part 1. If more ne Continuation Page of Total claim |
| ¥ | Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes, List all of your nonpriority unsecured claims in thunsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other art 2. ACIMA CREDIT FKA Nonpriority Creditor's Name | ims against you? iit this form to the court with your other schedules. ne alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it er creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number | ncluded in Part 1. If more ne Continuation Page of Total claim |
| ¥ | Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes, List all of your nonpriority unsecured claims in thunsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other art 2. ACIMA CREDIT FKA Nonpriority Creditor's Name 9815 S. MONROSE ST FL4 | ims against you? If this form to the court with your other schedules. The alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | ncluded in Part 1. If more ne Continuation Page of Total claim |
| ¥ | Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Subm Yes, List all of your nonpriority unsecured claims in thunsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other part 2. ACIMA CREDIT FKA Nonpriority Creditor's Name 9815 S. MONROSE ST FL4 Sandy, UT 84070 Number Street City State Zip Code | ims against you? iit this form to the court with your other schedules. ne alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it er creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number | ncluded in Part 1. If more ne Continuation Page of Total claim |
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| *** | Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Subm Yes. List all of your nonpriority unsecured claims in thunsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other art 2. ACIMA CREDIT FKA Nonpriority Creditor's Name 9815 S. MONROSE ST FL4 Sandy, UT 84070 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | ims against you? iit this form to the court with your other schedules. ne alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it er creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the claim 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed | ncluded in Part 1. If more ne Continuation Page of Total claim |
| | Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Subm Yes, List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other art 2. ACIMA CREDIT FKA Nonpriority Creditor's Name 9815 S. MONROSE ST FL4 Sandy, UT 84070 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | ims against you? iit this form to the court with your other schedules. ine alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it er creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the class 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | ncluded in Part 1. If more ne Continuation Page of Total claim |
| | Do any creditors have nonpriority unsecured clai No. You have nothing to report in this part. Subm Yes, List all of your nonpriority unsecured claims in thusecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other art 2. ACIMA CREDIT FKA Nonpriority Creditor's Name 9815 S. MONROSE ST FL4 Sandy, UT 84070 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community | ins against you? In this form to the court with your other schedules. In alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it er creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the claim is that a digits of account number. When was the debt incurred? 12/2018 | ncluded in Part 1. If more ne Continuation Page of Total claim \$1,735.0 |
| Lis | Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Subm Yes, List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other art 2. ACIMA CREDIT FKA Nonpriority Creditor's Name 9815 S. MONROSE ST FL4 Sandy, UT 84070 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | ims against you? iit this form to the court with your other schedules. ine alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it er creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the class 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | ncluded in Part 1. If more ne Continuation Page of Total claim \$1,735.0 |
| 1. | Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Subm Yes, List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other art 2. ACIMA CREDIT FKA Nonpriority Creditor's Name 9815 S. MONROSE ST FL4 Sandy, UT 84070 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | ins against you? In this form to the court with your other schedules. In alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already it er creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the claim is a count number. Last 4 digits of account number 12/2018 | ncluded in Part 1. If more ne Continuation Page of Total claim \$1,735.00 |

| Debt | YELAINE A FRIMAN-ARIAS | Case number (if known) | 10/28/19 10/03AM |
|------|---|---|------------------|
| 4.2 | AD ASTRA RECOVERY SERVICING Nonpriority Creditor's Name | Last 4 digits of account number | \$1,371.79 |
| | 7330 W. 33RD ST N #118 Wichita, KS 67205 | When was the debt incurred? 7/2019 | |
| | Number Street City State Zip Code Who Incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check If this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other, Specify COLLECTION - RAPID CASH | |
| 4.3 | ALLTRAN FINANCIAL | Last 4 digits of account number | \$27,015.30 |
| | Nonpriority Creditor's Name PO BOX 4044 Concord, CA 94524 | When was the debt incurred? UNKNOWN | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other. Specify COLLECTION - CITI BANK (HOMEDEPOT) | |
| 4.4 | BANK OF AMERCA Nonpriority Creditor's Name | Last 4 digits of account number | \$5,041.00 |
| | PO BOX 982238 El Paso, TX 79998 | When was the debt incurred? 12/2018 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other Specific REVOLVING ACCOUNT | |

| Debte | Pr1 YELAINE A FRIMAN-ARIAS | Case number (if known) | T0/28/19 T0)03AM |
|-------|--|---|------------------|
| | CAPITAL MANAGEMENT SERVICE, | | |
| 4.5 | LP | Last 4 digits of account number | \$5,041.01 |
| | Nonpriority Creditor's Name 698 1/2 SOUTH OGDEN STREET Buffalo, NY 14206 | When was the debt incurred? 9/7/2019 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | | |
| | □ Yes | Other. Specify COLLECTION | |
| 4.6 | CAPITAL ONE BANK USA Nonpriority Creditor's Name | Last 4 digits of account number | \$6,353.00 |
| | 15000 CAPITAL ONE DR., RICHMOND, VA 23238 | When was the debt incurred? 4/2013 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| 2 | ☐ Yes | Other. Specify REVOLVING ACCOUNT | |
| 4.7 | CARENOW Nonpriority Creditor's Name | Last 4 digits of account number | \$145.00 |
| | PO BOX 908 Brentwood, TN 37024 | When was the debt incurred? 3/2019 | |
| | Number Street City State Zip Code Who incurred the debt? Check one: | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Amily construction and the contraction | |
| | <u>/=/</u> | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | | |
| | 168 | Other, Specify MEDICAL | |

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|-------|---|--|-----------------------|
| Debto | or 1 YELAINE A FRIMAN-ARIAS | Case number (if known) | |
| 4.8 | CASH 1 Nonpriority Creditor's Name | Last 4 digits of account number | \$348.22 |
| | 3209 W. SAHARA AVE STE 114 Las Vegas, NV 89117 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check If this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify INSTALLMENTS | |
| 40 | 0401104010 | | VI DOTAT ANALYSIS LIV |
| 4.9 | CASH OASIS Nonpriority Creditor's Name | Last 4 digits of account number | \$364.29 |
| | 5628 W. CHARLESTON BLVD Las Vegas, NV 89146 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify INSTALMENT | |
| 4.1 | CBNA | Last 4 digits of account number | \$27,657.00 |
| | Nonpriority Creditor's Name | | |
| | PO BOX 6497 | When was the debt incurred? 4/2014 | |
| | Sioux Falls, SD 57117 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Offeck all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other, Specify REVOLVING ACCOUNT | |

| Debt | or 1 YELAINE A FRIMAN-ARIAS | Case number (if known) | |
|----------|---|---|-------------|
| 4.1 | CHECK CITY | Last 4 digits of account number | \$1,017.12 |
| | Nonpriority Creditor's Name 6820 W. CHARLESTON | When was the debt incurred? | |
| | Las Vegas, NV 89117 Number Street City State Zip Code Who Incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other, Specify INSTALMENTS | |
| 4.1 | CKS PRIME INVESTMENTS Nonpriority Creditor's Name | Last 4 digits of account number | \$10,561.00 |
| | 505 INDEPENDENCE PKWY ST Chesapeake, VA 23320 | When was the debt incurred? 6/2019 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify COLLECTION - WEB BANK | |
| 4.1 3 | CONNS CREDIT CORP | Last 4 digits of account number | \$2,399.99 |
| +(| Nonpriority Creditor's Name 3295 COLLEGE ST Beaumont, TX 77701 | When was the debt incurred? 12/2018 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ž) | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | (6) |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

| | Case 19-16950-mkn | Doc 1 Entered 10/28/19 13:16:37 Page 28 of 61 | 10/28/19 10:03AM |
|----------|--|---|------------------|
| Debto | YELAINE A FRIMAN-ARIAS | Case number (#known) | 10/26/18 10:03AM |
| 4.1 | CREDENCE RESOURCE MANGAEMENT | Last 4 digits of account number | \$140.00 |
| | Nonpriority Creditor's Name PO BOX 2300 Southgate, MI 48195 | When was the debt incurred? UNKNOWN | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify MEDICAL | |
| 4.1 | CREDIT ONE BANK | Last 4 digits of account number | \$1,016.00 |
| | Nonpriority Creditor's Name PO BOX 98875 Las Vegas, NV 89193 | When was the debt incurred? 12/2018 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify REVOLVING ACCOUNT | |
| 4.1 6 | CURACAO Nonpriority Creditor's Name | Last 4 digits of account number | \$2,687.00 |
| | 1605 W. OLYMPIC BLVD STE 600 Los Angeles, CA 90015 | When was the debt incurred? 12/2018 | |
| | Number Street City State Zip Code Who Incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: |) R |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify REVOLVING ACCOUNT | |

| | Case 19-16950-mkn | Doc 1 Entered 10/28/19 13:16:37 Page 29 of 6 | 10/28/19 10:03/AM |
|----------|--|--|-------------------|
| Debto | THE YELAINE A FRIMAN-ARIAS | Case number (if known) | |
| 4,1 7 | CUSTOMER FURNITURE RENTAL | Last 4 digits of account number | \$2,998.49 |
| | Nonpriority Creditor's Name 285 S. MARTIN LUTHER KING BLVD Las Vegas, NV 89106 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | DISCOVER BANK | | £42 690 00 |
| 8 | Nonpriority Creditor's Name | Last 4 digits of account number | \$42,689.00 |
| | 502 E. MARKET ST Greenwood, DE 19950 | When was the debt incurred? 8/2014 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other, Specify REVOLVING ACCOUNT (2 ACCOUNTS) | |
| 4.1 | Furniture Fashions at The Boulevard | Last 4 digits of account number | \$660.00 |
| | Nonpriority Creditor's Name 3500 S. MARYLAND PARKWAY SUITE 171 | When was the debt incurred? 1/2019 | |
| | Las Vegas, NV 89169 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who Incurred the debt? Check one. | 00.50 | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other. Specify | |
| | | Service the Control of | |

| | Case 19-16950-mkn | Doc 1 Entered 10/28/19 13:16:37 Page 30 of 61 | 10/28/19 10:03AM |
|-------|--|---|------------------|
| Debto | 1 YELAINE A FRIMAN-ARIAS | Case number (if known) | |
| 4.2 | HENDERSON HOSPITAL | Last 4 digits of account number | \$44.50 |
| | Nonpriority Creditor's Name PO BOX 31001-0827 Pasadena, CA 91110 | When was the debt incurred? 7/2019 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? No | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other, Specify MEDICAL | |
| 4.2 | LENDING CLUB CORPORATION | Last 4 digits of account number | \$9,500.00 |
| | Nonpriority Creditor's Name 71 STEVENSON ST., SUITE 300 San Francisco, CA 94105-8000 | When was the debt incurred? 12/2018 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other. Specify REVOLVING ACCOUNT | |
| 4.2 | MINUTE LOAN CENTER | Last 4 digits of account number | \$322.72 |
| | Nonpriority Creditor's Name 1955 E. TROPICANA AVE SUITE J&K | When was the debt incurred? 3/2019 | |
| | Las Vegas, NV 89119 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | į |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify INSTALMENTS | |

| Debt | or 1 YELAINE A FRIMAN-ARIAS | Case number (#known) | |
|----------|---|--|------------|
| 4.2 | MY KIDS DOCTOR INC | Last 4 digits of account number | \$25.00 |
| | Nonpriority Creditor's Name 3039 W. HORIZON RIDGE PKWY SUITE 110 Henderson, NV 89052 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? 5/2019 As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify MEDICAL | |
| 4.2 | NATIONWIDE CREDIT, INC. | Last 4 digits of account number | \$2,615.46 |
| | Nonpriority Creditor's Name PO BOX 14581 Des Moines, IA 50306 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? 7/2019 As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify COLLECTION FOR AMEX | |
| 4.2 5 | PROGRESSIVE LEASING Nonpriority Creditor's Name | Last 4 digits of account number | \$224.84 |
| | 256 DATA DR Draper, UT 84020 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? 12/2018 As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | ş |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify | |

| Debto | OF THE YELAINE A FRIMAN-ARIAS | Care number (if known) | 10/28/19 10/03AM |
|----------|---|---|------------------|
| 4.2 | SNAP FINANCE | Last 4 digits of account number | \$2,761.83 |
| | Nonpriority Creditor's Name PO BOX 26561 Salt Lake City, UT 84126 Number Street City State Zip Code | When was the debt incurred? 12/2018 As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | Other. Specify | |
| 4.2 | SUNRISE CREDIT SERVICE Nonpriority Creditor's Name | Last 4 digits of account number | \$2,036.00 |
| | PO BOX 9100 Farmingdale, NY 11735 | When was the debt incurred? 7/2019 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Student loans | |
| | debt is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify COLLECTION - AT&T MOBILITY | |
| 4.2 8 | SUNTRUST Nonpriority Creditor's Name | Last 4 digits of account number | \$21,006.00 |
| | 600 W. BROADWAY STE 2000 San Diego, CA 92101 Number Street City State Zip Code | When was the debt incurred? 12/2018 | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | · ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify REVOLVING ACCOUNT | |

| SYNCB/GAP Last 4 digits of account number \$7,146.00 | Debto | T1_YELAINE A FRIMAN-ARIAS | Case number (if known) | 10/28/19 10:03AM |
|--|-------|--|--|------------------|
| Noncrotity Creditor's Name PO BOX 985005 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only | 4.2 | SYNCR/GAP | Loot Adjuste of each state of the state of t | \$7.446.00 |
| Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 4 only Debtor 2 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only Debto | [8] | Nonpriority Creditor's Name PO BOX 965005 Orlando, FL 32896 | When was the debt incurred? 11/2013 | \$7,146.00 |
| Debtor 2 only | | Who incurred the debt? Check one. | | |
| Debtor 1 and Debtor 2 only | | party of the second of the sec | ☐ Contingent | |
| At least one of the debtors and another Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Check if this claim is for a community Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community Check if this cla | | Debtor 2 only | ☐ Unliquidated | |
| Check if this claim is for a community debt is the claim subject to offset? Coter of service of | | | ☐ Disputed | |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | At least one of the debtors and another | 프로마스 그렇게 경영지상상은 이어 하는 1차이 이 이어를 하면 생각이 바다가 살아가 살아가 살아가는 하는데 | |
| Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and other similar debts Poblis for pension or profit-sharing plans, and ot | | | ☐ Student loans | |
| SYNCB/PAYPALSMARCONN Last 4 digits of account number \$830.06 | | 150N,TT | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| SYNCB/PAYPALSMARCONN Last 4 digits of account number \$830.06 | | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Nonpriority Creditor's Name PO BOX 965005 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 offset? No Debtor 5 seed State Zip Code Who incurred the debt? Check one. Debtor 6 seed State Stat | | ☐ Yes | Other. Specify REVOLVING ACCOUNT | |
| PO BOX 965005 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 1 and Debtor 5 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 o | 4.3 | | Last 4 digits of account number | \$830.06 |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only | | PO BOX 965005 | When was the debt incurred? 12/2018 | |
| Debtor 2 only | | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Debtor 2 only | | Debtor 1 only | ☐ Contingent | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Oblets to pension or profit-sharing plans, and other similar debts Other. Specify REVOLVING ACCOUNT 4.3 | | Debtor 2 only | | |
| At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations aris | | VE.73 | | |
| Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim subject to offset? Check if this claim subject to offset? Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim subject to offset? Check if this claim is for a community debt Check if this claim subject to offset? Check if this claim subject to offset? Check if this claim is for a community claims Check if this claim is for a community claims Check if this claim is for a community claims Check if this claim subject to offset? Check if this claim is for a community claims Check if this claim is for a community claims Check if this claim is for a community claims Check if this claim subject to offset? Check if this claim subject to offset? Check if this claim is for a community claims Check if this claim is for a comm | | | 인 나는 그리즘 아니다 아이들이 아니는 | |
| debt Is the claim subject to offset? Is the claim subject to offset? In No Is the claim subject to offset? In No In Contingent In Debts of Poblot 2 only In Debts of NonPriority Calims In Debts of NonPriority Creditor's Name In Obligations arising out of a separation agreement or divorce that you did not report as priority claims In No In Contingent In Debts of NonPriority Creditor's Name In Debts of NonPriority Creditor's Name In Obligations arising out of a separation agreement or divorce that you did not report as priority claims In No In Contingent In Contingent In Student loans In Student | | : [-] : [[[[[[[[[[[[[[[[[[| | |
| WAKEFILED & ACCOCIATES Nonpriority Creditor's Name PO BOX 58 830 E. PLATTE AVE UNIT A Fort Morgan, CO 80701 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Hollowide At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Other. Specify REVOLVING ACCOUNT **87.04 **\$87.04 **\$\$ When was the debt incurred? 1/2018 As of the date you file, the claim is: Check all that apply Ocheck all that apply Ocheck all that apply Obliquidated Unliquidated Unliquidated Unliquidated Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Obligations or profit-sharing plans, and other similar debts | | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| WAKEFILED & ACCOCIATES Nonpriority Creditor's Name PO BOX 58 830 E. PLATTE AVE UNIT A Fort Morgan, CO 80701 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Hollowide At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Other. Specify REVOLVING ACCOUNT **87.04 **\$87.04 **\$\$ When was the debt incurred? 1/2018 As of the date you file, the claim is: Check all that apply Ocheck all that apply Ocheck all that apply Obliquidated Unliquidated Unliquidated Unliquidated Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Obligations or profit-sharing plans, and other similar debts | | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Nonpriority Creditor's Name PO BOX 58 830 E. PLATTE AVE UNIT A Fort Morgan, CO 80701 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number When was the debt incurred? 1/2018 As of the date you file, the claim is: Check all that apply When was the debt incurred? 1/2018 Stone As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profil-sharing plans, and other similar debts | | □ Yes | | |
| Nonpriority Creditor's Name PO BOX 58 830 E. PLATTE AVE UNIT A Fort Morgan, CO 80701 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 1/2018 As of the date you file, the claim is: Check all that apply Check all that apply Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtar 1 only Debtar 1 only Debtar 1 only Debtar 2 only Debtar 3 one of the debtors and another Debtar 4 debtar 3 one of the debtors and another Debtar 4 one of the debtors and another Debtar 5 one of None of None of a separation agreement or divorce that you did not report as priority claims Debtar 5 one of None o | 4.3 | WAKEFILED & ACCOCIATES | Last 4 digits of account number | \$87.04 |
| 830 E. PLATTE AVE UNIT A Fort Morgan, CO 80701 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 5 only Debtor 1 and Debtor 5 only Debtor 1 and Debtor 5 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Otheck if this claim is for a community debt Student loans Debtor 1 only Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 nonly Debtor 6 nonly Debtor 7 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 1 only Debtor 9 only D | | | | 407.04 |
| Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts do pension agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | 830 E. PLATTE AVE UNIT A | When was the debt incurred? 1/2018 | |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed | | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed | | Debtor 1 only | ☐ Contingent | |
| □ Debtor 1 and Debtor 2 only □ Disputed □ Type of NONPRIORITY unsecured claim: □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts | | | <u> </u> | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts | a. | 50 - 3 Condensation and | | |
| □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts | | | | 3. |
| debt Is the claim subject to offset? No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts | | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | | (<u>-</u> | (m) (i) (ii) (ii) (ii) | |
| Yes Other Specify MEDICAL | | ☐ Yes | Other. Specify MEDICAL | |

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|----------|--|--|-----------|--|--|
| 4,3 | WALKER | Last 4 digits of account number | \$2,769.9 | | |
| | Nonpriority Creditor's Name 301 S. MARTIN L. KING BLVD Las Vegas, NV 89106 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? 12/2019 As of the date you file, the claim is: Check all that apply | | | |
| | | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | | | |
| | No | report as priority claims | | | |
| | □ Yes | ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other, Specify | | | |
| 43 | | | | | |
| 4.3 3 | WESTSTAR LOAN SERVICING | Last 4 digits of account number | \$466.00 | | |
| | Nonpriority Creditor's Name PO BOX 94138 Las Vegas, NV 89193 | When was the debt incurred? 3/2017 | | | |
| | Number Street City State Zip Code Who Incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | | | |
| | No | report as priority claims | | | |
| | Yes | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | | Other. Specify | | | |
| 4.3 | YIYI TRAVEL | Last 4 digits of account number | Unknown | | |
| | Nonpriority Creditor's Name 1800 S. EASTERN AVE | When was the debt incurred? UNKNOWN | | | |
| | Las Vegas, NV 89104 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | □ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | Af least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No. | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | Other, Specify | | | |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

| Debtor 1 YELAINE A FRIMAN-ARIAS | | | Case number (if known) | | | known) | | |
|--|----------------|--|--|--|---------------------------------|--|---------------------|--|
| AMEX | | | | | | with Priority Lineacured Claims | | |
| PO BOX 297871 | | | | | | | | |
| Fort Lauderdale, FL 33329 | | | | Part 2 | :: Creditors \ | with Nonpriority Unsecured Claims | | |
| | | | Last 4 digits of account number | | | | | |
| Name and Address | | | On which entry in Part 1 or Part 2 did | | | | | |
| AT&T MOBILITY | | | Line 4.27 of (Check one): | ☐ Part 1 | : Creditors v | with Priority Unsecured Claims | | |
| PO BOX 57547 Jacksonville, FL 32241 | | 22244 | | Part 2 | : Creditors v | with Nonpriority Unsecured Claims | | |
| Jacksonvill | e, rt . | 32241 | Last 4 digits of account number | | | | | |
| Name and Address | | | On which entry in Part 1 or Part 2 did | vou list the | original aco | diser | | |
| CLIENT SERVICES | | | Line 4.29 of (Check one): | | | | | |
| | | RUMAN BLVD | and the state of Control one). | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Saint Charl | | | | Part 2 | : Creditors v | with Nonpriority Unsecured Claims | | |
| | | | Last 4 digits of account number | | | | | |
| Name and Add | (107 JEAN 75 V | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| GC SERVIC | | _ | Line 4.24 of (Check one): | ☐ Part 1 | : Creditors v | vith Priority Unsecured Claims | | |
| 6330 GULF | | | | Part 2 | : Creditors v | with Nonpriority Unsecured Claims | | |
| Houston, T | x 7708 | 7 | Last 4 digits of account number | 250 | | | | |
| Name and Addr | | | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | 2.73 | 60.0 | | | |
| | 37.73.73. | ERO, PLLC | On which entry in Part 1 or Part 2 did y | | | | | |
| | | RD 3RD FLOOR | Line 4.27 of (Check one): | 1 | | vith Priority Unsecured Claims | | |
| Tucson, AZ | | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | | | Last 4 digits of account number | | | | | |
| Name and Addr | ess | | On which entry in Part 1 or Part 2 did y | ou list the | original cred | ditor? | | |
| MEDICREDT, INC. | | | Line 4.7 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| PO BOX 1629 | | 110 000 10 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Maryland H | eights | , MO 63043 | Last 4 digits of account number | | | | | |
| Name and Addr | | | | | 28/2. W | AC 22 | | |
| RAPID CAS | | | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | |
| PO BOX 780 | | | cine 412 of (offects offe), | Final Management of the | | | | |
| Wichita, KS 67278 | | | | Part 2: | Creditors w | vith Nonpriority Unsecured Claims | | |
| THE STATE OF THE S | | | Last 4 digits of account number | | | | | |
| Name and Addr | | | On which entry in Part 1 or Part 2 did y | ou list the | original cred | litor? | | |
| RAUSCH, STURM, ISRAEL, | | | Line 4.18 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| ENERSON 8 | | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| 3691 WEST 210 | SAHA | RA AVE SUITE | | | | one on the company of the second seco | | |
| as Vegas, | NV 89 | 117 | | | | | | |
| | | 7. 9/5/ | Last 4 digits of account number | | | | | |
| lame and Addr | | Contacting the Control of the Contro | On which entry in Part 1 or Part 2 did y | ou list the | original cred | litor? | | |
| VITAL RECOVERY SERICES LLC | | | Line 4.12 of (Check one): | | | rith Priority Unsecured Claims | | |
| O BOX 923 | | and the second | | | | ith Nonpriority Unsecured Claims | | |
| PEACHTRE | E COR | S, GA 30010 | Last 4 digits of openint associate | | · · · · · · · · · · · · · · · · | The state of the s | | |
| | | | Last 4 digits of account number | | | | | |
| Part 4: Add | the A | mounts for Each Type of | Unsecured Claim | | | | | |
| Total the amo | ounts of | certain types of unsecured | claims. This information is for statistica | I reporting | purposes | only. 28 U.S.C. §159. Add the amounts | for each | |
| type of unsec | ured cla | i im. | | university and State William | | v removalne vitoria incircio de estra el 200 (200 200 el 1922 billio 2017 200 200 200 200 200 200 200 200 200 20 | vesiinnes Tillisõõi | |
| 69 Domestic support ability | | Demostic accept about | *** | 18 20 | 200 | Total Claim | | |
| otal | 6a. | Domestic support obligation | ons | 6a. | s | 0.00 | | |
| otai laims | | | | | | | | |
| om Part 1 | 6b. | | ebts you owe the government | 6b. | \$ | 0.00 | | |
| | 6c. | Claims for death or person | nal injury while you were intoxicated | 6c. | \$ | 0.00 | | |
| | 6d. | Other. Add all other priority | unsecured claims. Write that amount here. | 6d. | \$ | 0.00 | | |
| | | | | | | | | |
| | 6e. | Total Priority. Add lines 6a | through 6d. | 6e. | s | 0.00 | | |

| The second secon | making it was a surplementary of the control of the | The state of the s | Control of the Contro | |
|--|--|--|--|--|
| C 10 10000 | The state of the s | | 40.40.07 | The same of the sa |
| Tase Id-Indali-Hik | the property of the August and the second of the August and the Au | MACH HILLIAN | THE RESERVE THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED IN COLUMN 1 | |
| Case 19-16950-mk | the second secon | تراجعات المناسك المناسك الماسك الماسك المناسك | | |
| Control of the Contro | The second secon | | W. (200) | |
| The state of the s | A Proposition of the Confession of the Confessio | THE RESERVE THE PARTY OF THE PA | Company of company and the state of the company of | |

Debtor 1 YELAINE A FRIMAN-ARIAS

Case number (it known)

| | | | | | Total Claim |
|-----------------------|-------------|---|-----|-----|-------------|
| Total | 6f | Student loans | 6f. | \$ | 0.00 |
| claims from Part 2 | 6- | Obligations | | | |
| nom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | s — | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 189,075.63 |
| | 6 j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 189,075.63 |

10/28/19 T0:03AM

| | | Case 19-169 | 0-mkn | Doc 1 Enfe | red 10/28/19 13 1 6 3 7 Pa | age 37 of 61 |
|----------------|---|---|---------------------------------|--|--|--|
| Emi | in this inform | nation to identify you | | | | 10/28/19 10:03/ |
| | tor 1 | | | | | |
| 1000 | TOTAL | YELAINE A FRII | | o Name | Last Name | |
| 1370 00 15 | tor 2 use if, filing) | First Name | Middl | le Name | Last Name | 7447 |
| Unit | ed States Bar | nkruptcy Court for the: | DISTRIC | T OF NEVADA | | |
| Cas (if kno | e number | | | | | ☐ Check if this is an amended filing |
| Sc Be as | hedule | nd accurate as possi | ble. If two m | arried people are fi | Inexpired Leases | 12/15 |
| intor | mation. If mo | ore space is needed, write your name and | copy the add | ditional page, fill it d | out, number the entries, and attach it t | o this page. On the top of any |
| | No. Check | any executory control this box and file this for all of the information b | orm with the | court with your other | schedules. You have nothing else to repeated on Schedule A/B:Property (Control of the control of | port on this form. Official Form 106 A/B). |
| | List separate example, ren and unexpired | t, vehicle lease, cell p | mpany with ohone). See | whom you have the the instructions for th | e contract or lease. Then state what ea nis form in the instruction booklet for more | ach contract or lease is for (for e examples of executory contracts |
| 2.1 | Person or c | ompany with whom y Name, Number, Street, Cit | ou have the y, State and ZIP | contract or lease | State what the contract or lease i | is for |
| 2.1 | Name | | | | | |
| | Number | Street | | | | |
| | City | 10 mp (4000 90) | State | ZIP Code | | |
| 2.2 | Name | | | | _ | |
| | | | | | _ | |
| | part c | Street | | | | |
| 2.3 | City | | State | ZIP Code | | |
| | Name | | | | | |
| | Number | Street | | | | |
| | City | | State | ZIP Code | | |
| 2.4 | Name | | | | | |
| | Number | Orest | | | * | 15 |
| | | Street | | | | |
| 2.5 | City | | State | ZIP Code | | |
| | Name | | | | 6 | |
| | Number 5 | Street | | | _ | |
| | City | | State | 7ID Code | | |

| -F∭ in t | | TOSSO HINTI BOS | 1 Entered 10/28/19 13:16 | |
|----------------------------------|---|---|--|---|
| | his information to ident | ify your case: | | 1uze/19 10:03/ |
| Debtor | 1 YELAINE | A FRIMAN-ARIAS | | |
| | First Name | Middle Name | Last Name | |
| Debtor (Spouse in | T | Middle Name | Last Name | |
| United | States Bankruptcy Court f | | | |
| | | BISTRICT OF NE | - VADA | |
| Case ni (if known) | ımber | | | |
| | | | | Check if this is an amended filing |
| Offic | al Form 106H | | | |
| Sche | dule H: Your | Codebtors | | 10/15 |
| | | | | 12/15 |
| ■ N □ Y 2. W | lo es /ithin the last 8 years, h: | ave you lived in a commun | case, do not list either spouse as a codet ity property state or territory? (Commi | unity property states and territorios include |
| 3. In C in lin | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto | r only if that person is a di | your spouse as a codebtor if your spous | ouse is filing with you. List the person shown ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill |
| 3. In C | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (| codebtors. Do not include r only if that person is a gu Official Form 106E/F), or S | your spouse as a codebtor if your spous Jarantor or cosigner. Make sure you h Chedule G (Official Form 106G). Use S Colum | ave listed the creditor on Cabadula D /Offi-i-I |
| 3. In C in lin Forr out | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. | codebtors. Do not include r only if that person is a gu Official Form 106E/F), or S | your spouse as a codebtor if your spous Jarantor or cosigner. Make sure you h Chedule G (Official Form 106G). Use S Colum Check | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill n 2: The creditor to whom you owe the debt all schedules that apply: |
| 3. In C | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. | codebtors. Do not include r only if that person is a gu Official Form 106E/F), or S | your spouse as a codebtor if your spous Jarantor or cosigner. Make sure you h chedule G (Official Form 106G). Use S Colum Check □ Sch | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill n 2: The creditor to whom you owe the debt all schedules that apply: ledule D, line |
| 3. In C in lin Forr out | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. Column 1: Your codebt Name, Number, Street, City, Sta | codebtors. Do not include r only if that person is a gu Official Form 106E/F), or S | your spouse as a codebtor if your spous parantor or cosigner. Make sure you h chedule G (Official Form 106G). Use S Colum Check | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill n 2: The creditor to whom you owe the debt all schedules that apply: |
| 3. In C in lin Forr out | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. Column 1: Your codebt Name, Number, Street, City, Sta | codebtors. Do not include r only if that person is a gu Official Form 106E/F), or S | your spouse as a codebtor if your spous parantor or cosigner. Make sure you h chedule G (Official Form 106G). Use S Colum Check | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill n 2: The creditor to whom you owe the debt all schedules that apply: Schedule D, line |
| 3. In C in lin Forr out | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. Column 1: Your codebt Name, Number, Street, City, Standard | codebtors. Do not include r only if that person is a gu Official Form 106E/F), or S | your spouse as a codebtor if your spous parantor or cosigner. Make sure you h chedule G (Official Form 106G). Use S Colum Check | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill n 2: The creditor to whom you owe the debt all schedules that apply: Schedule D, line |
| 3. In C in lii Forr out | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. Column 1: Your codebt Name, Number, Street, City, Sta | codebtors. Do not include ir only if that person is a gu Official Form 106E/F), or S tor ete and ZIP Code | your spouse as a codebtor if your spous Jarantor or cosigner. Make sure you h chedule G (Official Form 106G). Use S Column Check | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill at 2: The creditor to whom you owe the debt all schedules that apply: edule D, line |
| 3. In C in lin Forr out | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. Column 1: Your codebt Name, Number, Street, City, Sta | codebtors. Do not include ir only if that person is a gu Official Form 106E/F), or S tor ete and ZIP Code | your spouse as a codebtor if your spourantor or cosigner. Make sure you he chedule G (Official Form 106G). Use S Column Check | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill n 2: The creditor to whom you owe the debt all schedules that apply: edule D, line |
| 3. In C in lii Forr out | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. Column 1: Your codebto Name, Number, Street, City, Str Name Number Street City Name | codebtors. Do not include ir only if that person is a gu Official Form 106E/F), or S tor ete and ZIP Code | your spouse as a codebtor if your spous arantor or cosigner. Make sure you he chedule G (Official Form 106G). Use S Column Check Sch | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill n 2: The creditor to whom you owe the debt all schedules that apply: edule D, line |
| 3. In C in lii Forr out | es. Did your spouse, form olumn 1, list all of your ne 2 again as a codebto n 106D), Schedule E/F (Column 2. Column 1: Your codebt Name, Number, Street, City, Sta | codebtors. Do not include ir only if that person is a gu Official Form 106E/F), or S tor ete and ZIP Code | your spouse as a codebtor if your spous arantor or cosigner. Make sure you he chedule G (Official Form 106G). Use S Column Check Sch | ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill n 2: The creditor to whom you owe the debt all schedules that apply: edule D, line |

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|-------|---|---|--|--|---------------|---|--------------------------|----------------------------------|------------------|
| Eil | in this inf or mation to identify your o | ase: | | | £ NV | | | | |
| | | FRIMAN-ARIAS | | | | | | | |
| | btor 2 puse, if filing) | | - y | | _ | | | | |
| Un | ited States Bankruptcy Court for the | : DISTRICT OF NEVA | DA | | | | | | |
| | Case number (If known) | | | | | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: | | | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | | mowing date. | |
| S | chedule I: Your Inc | ome | | | | NIN / DD/ 1 | 20E (E-9) | | 12/15 |
| atta | use. If you are separated and you ch a separate sheet to this form. Describe Employment Fill in your employment | ir spouse is not filing w On the top of any addit | ith you, do not incluional pages, write yo | ide infor our name | mati e and | on about your spo d case number (if | ouse. If mo known). A | re space is ne nswer every qu | eded, uestion |
| da: | information. | | Debtor 1 | | | Debtor 2 | or non-fil | ing spouse | MAY! |
| | If you have more than one job, attach a separate page with | Employment status | ☐ Employed | | | | ☐ Employed | | |
| | information about additional employers. | | Not employed | | | ☐ Not e | ☐ Not employed | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed t | here? | | | | | | |
| Par | 12: Give Details About Mor | thly Income | | | | | | | |
| sti | mate monthly income as of the di use unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any | line, write \$0 in the | space. Incl | ude your non-fil | ing |
| f you | u or your non-filing spouse have mo e space, attach a separate sheet to | ore than one employer, co this form. | ombine the informatio | n for all e | mple | oyers for that perso | n on the lin | es below. If you | need |
| | | | | | | For Debtor 1 | For Deb non-filin | tor 2 or ig spouse | |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, or | y, and commissions (be calculate what the monthl | efore all payroll y wage would be. | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overti | me pay. | ¥ | 3. | +\$ | 0.00 | +\$ | N/À | |

Calculate gross Income. Add line 2 + line 3.

0.00

N/A

| -Det | otor-1 | YELAINE A FRIMAN-ARIAS | | - | Case | e number-(if | kno | wn) — | | | | |
|------|-----------------------|--|----------------------|------|--------------------|-------------------------|-------------------|-----------------|----------------|----------------|------------------|--------|
| | | | | | Fo | r Debtor 1 | | | | Debto | r 2 or spouse | |
| | Cop | by line 4 here | 4 | i. | \$ | | 0. | 00 | \$ | ming | N/A | |
| 5. | | all payroll deductions: | T. | | | | -0.000 | | | | 1027000 | |
| ٠. | 223 | 역사에서 마다 마다 마다 마다 마다 아니다 아니다 아니다 아니다 아니다 아니다 아니다 아니다 아니다 아니 | 12 | | - | | _ | | 2 | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | | a. | \$_ | | | 00 | \$ | | N/A | |
| | 5b. 5c. | Mandatory contributions for retirement plans Voluntary contributions for retirement plans | | b. | \$ s | | | 00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | | ic. | \$ \$ | | - | 00 | \$ \$ | | N/A | |
| | 5e. | Insurance | | ie. | \$ | | - | 00 | \$ - | | N/A | |
| | 5f. | Domestic support obligations | | f. | s – | | _ | 00 | <u>\$</u> _ | | N/A N/A | |
| | 5g. | Union dues | | g. | š- | | - | 00 | <u>\$</u> — | | N/A | |
| | 5h. | Other deductions. Specify: | | h.+ | | | - | and high recent | + \$- | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6 | | \$ | | 1000 | 00 | s | | N/A | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7 | | \$ \$ | | | 00 | \$ | | | |
| 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | a. | \$ — \$ | | | 00 | \$ \$ | | N/A | |
| | 8b. | Interest and dividends | | b. | s | | | 00 | \$- | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | c. | \$ | | | 00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | | d. | s – | | | 00 | š — | | N/A | |
| | 8e. | Social Security | | e. | s — | | eh alyment, | 00 | \$- | | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: FOOD STAMPS | nce 8 | f. | \$ | 60 | 0.0 | 00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8 | g. | \$ | | 0.0 | 00 | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: | 8 | h.+ | \$_ | | 0.0 | 00 | + \$ | | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9 | | \$ | 60 | 0.0 | 00 | \$ | | N/A | |
| | | | | F | | | i | = | | | | |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | | 600.00 | + | \$_ | | N/A | = \$ | 600.00 |
| 3230 | | | 1490 Y | _ | | | 1 | - | | | | |
| 11. | Inclu | e all other regular contributions to the expenses that you list in Schedulide contributions from an unmarried partner, members of your household, your friends or relatives. In include any amounts already included in lines 2-10 or amounts that are necify: | ur dep | | | 15 SML 10590 | | | | chedule 11. | e J. +\$ | 0.00 |
| 12. | Add Write appli | the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certies | esult is tain Lis | s th | ie con lities a | nbined mo and Relate | nth d <i>L</i> | ly in Jata, | come. if it | 12. | \$ | 600.00 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this for | m? | | | | | | | | Combine | 1/27 |

No.

Yes. Explain:

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

The rental or home ownership expenses for your residence, include first mortgage payments and any rent for the ground or lot.

0

If not included in line 4:

- 4a Real estate taxes
- Property, homeowner's, or renter's insurance 4b.
- 4c. Home maintenance, repair, and upkeep expenses
- Homeowner's association or condominium dues
- Additional mortgage payments for your residence, such as home equity loans

| ř. | • | 0.0 |
|----|----|-----|
| | \$ | 0.0 |

| 4c. | \$ 0.00 |
|-----|------------|
| 4d. | \$ 0.00 |
| 5. | \$ 0.00 |

4a.

Official Form 106J

0.00

0.00

| Debte | or_1_ | YELAIN | IE A FRIMAN-ARIAS | Case nun | nber (if known) | |
|-------|-----------|------------------------------|--|-----------------|---------------------|---|
| 6. | Utili | ties: | | _ | | |
| 230 Y | 6a. | Electricity | y, heat, natural gas | 6a. | \$ | 0.00 |
| | 6b. | Water, se | ewer, garbage collection | 6b. | \$ | 0.00 |
| | 6c. | Telephon | ne, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| - 1 | 6d. | Other, Sp | pecify: | 6d. | | 0.00 |
| . (| Food | d and hous | sekeeping supplies | — _{7.} | V 1585 | 600.00 |
| | | | children's education costs | 8. | \$ | 0.00 |
| | | | dry, and dry cleaning | 9. | \$ | 0.00 |
| | | | products and services | 10. | | 0.00 |
| | | | ental expenses | 11. | | 0.00 |
| | | | n. Include gas, maintenance, bus or train fare. | - 20.00 | * | <u> </u> |
| . 1 | Do n | ot include | car payments. | 12. | \$ | 0.00 |
| | | | , clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. (| Cha | ritable con | tributions and religious donations | 14. | \$ | 0.00 |
| 5. I | nsu | rance. | | | | |
| | Do n | ot include i | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | | Life insur | | 15a. | \$ | 0.00 |
| - | 15b. | Health in: | surance | 15b. | \$ | 0.00 |
| | 105010000 | Vehicle in | NEW YORK OF THE PROPERTY OF TH | 15c. | \$ | 0.00 |
| 3 | 15d. | Other ins | urance. Specify: | 15d. | 7/2 | 0.00 |
| 3. ° | Гахе | s. Do not i | nclude taxes deducted from your pay or included in lines 4 or 20. | - | 900 | |
| , | Spec | cify: | | 16. | \$ | 0.00 |
| 7. 1 | nsta | illment or | lease payments: | - | | TO A STATE OF THE |
| | | 10.45 (m) 10.61 (a.71 (b.11) | nents for Vehicle 1 | 17a. | \$ | 0.00 |
| | | | nents for Vehicle 2 | 17b. | \$ | 0.00 |
| | | Other, Sp | | 17c. | \$ | 0.00 |
| . 1 | 17d. | Other, Sp | ecify: | 17d. | \$ | 0.00 |
| | | | of alimony, maintenance, and support that you did not report as | | 0 1 | |
| | dedu | icted from | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | | | 19. | | |
| | | | perty expenses not included in lines 4 or 5 of this form or on Sched | | | VARITABLE |
| | | | s on other property | 20a. | | 0.00 |
| | | Real esta | | 20b. | | 0.00 |
| | | | homeowner's, or renter's insurance | 20c. | | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | - | 0.00 |
| | | | ner's association or condominium dues | 20e. | | 0.00 |
| . (| Othe | r: Specify: | | 21. | +\$ | 0.00 |
| , , | alc | ulate vour | monthly expenses | | | |
| | | | through 21. | | \$ | 600.00 |
| | | | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 600.00 |
| | | | | | ¥ | |
| 2 | .ZC. / | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 600.00 |
| 3. C | Calc | ulate vour | monthly net income. | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 600.00 |
| | | | r monthly expenses from line 22c above. | 23b. | | 600.00 |
| | -5.0T.8 | | the accompanion of the first temperature the contract of the median of the first temperature for | | 7 | 000.00 |
| 2 | 3c. | Subtract v | your monthly expenses from your monthly income. | | 1869 | 70 SECONDA |
| 13% | | | t is your monthly net income. | 23c. | \$ | 0.00 |
| | | | 5: 5 | | | |
| 4. [| o y | ou expect | an increase or decrease in your expenses within the year after you | file this | form? | |
| F | or ex | kample, do y | ou expect to finish paying for your car loan within the year or do you expect your m | ortgage p | payment to increase | or decrease because of a |
| | _ | | terms of your mortgage? | _ | | |
| | ■ No | | | | | |
| | J Y€ | es. | Explain here: | | | |

| In the state of the state of | A SUNT A SURVEY OF THE SURVEY | STATE OF THE STATE | | |
|---------------------------------|---|--|---|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | YELAINE A FRIM | | | |
| Dobtes 3 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEVADA | | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | tion About a | | ebtor's Schedules le for supplying correct information. | 12/15 |
| years, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | tcy case can result in fines up to \$250 | ovo, or imprisonment for up to 20 |
| Did you pa | y or agree to pay some | one who is NOT an attorney | to help you fill out bankruptcy forms? | |
| ■ No | | | | |
| ☐ Yes. N | Name of person | | | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| Under pena | lty of perjury, l/declare | that I have read the summary | and schedules filed with this declara | tion and |
| that they are | e true and correct. | | | |
| x | USP | | x | |
| | NE A FRIMAN-ARIAS re of Debtor 1 | | Signature of Debtor 2 | |
| Date / | 10128119 | | Date | |

| Fill in | this inforn | nation to identify yo | ur case: | | WE'TE TO THE | |
|-------------------|-------------------|--|--|--|--|---|
| Debtor | 1 | YELAINE A FRI | MAN-ARIAS | | | |
| Dobtor | . 2 | First Name | Middle Name | Last Name | | |
| Debtor (Spouse | | First Name | Middle Name | Last Name | | |
| United | States Bar | nkruptcy Court for the | : DISTRICT OF NEVADA | | | |
| Case r | umber | | | | | |
| (if known |) | 121 | | | | Check if this is an amended filing |
| Offic | ial Fo | rm 107 | | | | |
| | The second second | A STATE OF THE PARTY OF THE PAR | Affairs for Indivi | duals Filing for F | Bankruptcy | 4/1 |
| Be as c | omplete a | nd accurate as poss | ible. If two married people , attach a separate sheet to | are filing together, both are | e equally responsible for su | pplying correct |
| Part 1: | Give D | etails About Your M | arital Status and Where You | ı Lived Before | | |
| 1. W | nat is your | current marital stat | us? | | | |
| | Married | | | | | |
| | Not man | ried | | | | |
| 2. Du | ring the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | No | | | | | |
| | Yes. List | all of the places you | lived in the last 3 years. Do n | ot include where you live no | v. | |
| De | ebtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior A | ddress: | Dates Debtor 2 lived there |
| . Witates a | thin the la | st 8 years, did you e es include Arizona, Ca | ver live with a spouse or leg alifornia, Idaho, Louisiana, Ne | gal equivalent in a commu vada, New Mexico, Puerto F | nity property state or territo | ry? (Community propert Wisconsin.) |
| | No | | | | or contract in the residence that it is the residence of the second designation. | en vermingsson for troop and she for |
| | 1/35 | ke sure you fill out Sc | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explain | the Sources of You | ır Income | in the first recommendation of the section of the s | 5 | |
| Fill | in the total | amount of income yo | nployment or from operating ou received from all jobs and a have income that you receive | all businesses, including part | -time activities. | endar years? |
| | No | | | | | |
| | Yes. Fill | in the details | ¥ | Ř | (m) | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |

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Debtor 1 YELAINE A FRIMAN-ARIAS

Case number (if kindwn)

| 1200000 | | | | Debtor 1 | T 772 H (| Debtor 2 | | |
|---|------------------------------|---|--|---|--|--|------------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2018) | | ■ Wages, commissions, \$24,427.00 bonuses, tips | | ☐ Wages, com bonuses, tips | missions, | | | |
| _ | | | | Operating a business | | ☐ Operating a | business | |
| For (Jar | the cale | ndar year o Decemb | before that: er 31, 2017) | ■ Wages, commissions, bonuses, tips | \$28,419.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | Operating a business | | ☐ Operating a | business | |
| | and otherwinnings List each | r public be . If you are | nefit payments filing a joint ca d the gross inc | ther that income is taxable. Exa ; pensions; rental income; inter ise and you have income that y come from each source separal | est; dividends; money collec ou received together, list it c | ted from lawsuits; only once under De | royalties; ar ebtor 1. | nd gambling and lottery |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Part | 3: Li | st Certain | Payments You | ı Made Before You Filed for I | Bankruptcy | -10 | | |
| 8. <i>i</i> | Are eithe □ No. | Neither | Debtor 1 nor I | 2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol | mer debts. Consumer debts | s are defined in 11 | U.S.C. § 10 | 01(8) as "incurred by an |
| | | | | ore you filed for bankruptcy, did | d you pay any creditor a total | of \$6,825* or mor | e? | |
| | | □ No. □ Yes | - Children and and a second | THE DE THESE CASE IN THE SECOND | | | | |
| | | L Yes | paid that c | each creditor to whom you paid reditor. Do not include paymen payments to an attorney for th | ts for domestic support oblig | n one or more pay ations, such as chi | nents and t ld support a | he total amount you and alimony. Also, do |
| | | * Subje | ct to adjustmer | t on 4/01/22 and every 3 years | after that for cases filed on | or after the date of | adjustment | b |
| ı | ■ Yes | Debtor of During the | or Debtor 2 one 90 days before | or both have primarily consul ore you filed for bankruptcy, dic | mer debts. I you pay any creditor a total | of \$600 or more? | | |
| | | ■ No. | Go to line | 7 , | | | | |
| | | □ Yes | include pay | each creditor to whom you paid rments for domestic support ob r this bankruptcy case. | d a total of \$600 or more and bligations, such as child supp | the total amount your and alimony. A | ou paid tha Iso, do not i | t creditor. Do not include payments to an |
| | Credito | 's Name a | nd Address | Dates of paymer | nt Total amount | Amount you still owe | Was this p | payment for |

10/28/19 10:03AM

Doc 1 Entered 10/28/19 13:16:37 10/28/19 10:03AM Debtor 1 YELAINE A FRIMAN-ARIAS Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. 10 Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600

per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and

Address:

10/28/10 10:03AM Debtor 1 YELAINE A FRIMAN-ARIAS Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You LAW OFFICES OF MICHAEL J. ATTORNEY FEES 3/1/2019 \$1,500.00 HARKER 2901 EL CAMINO AVE STE 200 Las Vegas, NV 89102 Yaixel Gonzalez Carriegos (BOYFRIEND) 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made

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paid in exchange

Person's relationship to you

Intered 10/28/19 13:16:37 Debtor 1 YELAINE A FRIMAN-ARIAS Case number (if known) 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold. before closing or moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. 600 No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

| 24. –H | las | s any governmental unit notified you that | you may be liable or potentially liable | under or in violation of an environ | mental law? |
|------------|-----------|--|--|---|--------------------|
| | | No | | | |
| |] | Yes. Fill in the details. | | | |
| | DOMESTIC. | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. H | lav | e you notified any governmental unit of | any release of hazardous material? | | |
| | | No Yes. Fill in the details. | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. H | av | e you been a party in any judicial or adm | inistrative proceeding under any enviro | onmental law? Include settlements | and orders. |
| | 11 | No | | | |
| | 1 | Yes. Fill in the details. | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Part 1 | 1: | Give Details About Your Business or C | Connections to Any Business | | |
| 27. W | /ith | nin 4 years before you filed for bankrupto | v. did vou own a business or have any | of the following connections to a | nv business? |
| | | ☐ A sole proprietor or self-employed in | | [생물] 등이 있다면 하지만 하지만 하는데 하는데 얼마를 하는데 하게 되었다. 그 나는 | , 2001110001 |
| | | ☐ A member of a limited liability compa | | | |
| | | ☐ A partner in a partnership | (2014년 - 현대(1016년 - 영향) - 111 (1010 100 100 100 100 100 100 100 1 | | |
| | | ☐ An officer, director, or managing exe | cutive of a corneration | | |
| | | ☐ An owner of at least 5% of the voting | aran kan Pasa san ang ang ang ang ang ang ang ang ang a | | |
| | | | | | |
| _ | | No. None of the above applies. Go to Pa | | | |
| | | Yes. Check all that apply above and fill i | | | |
| A | ١d٥ | Siness Name dress nber, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification numb Do not include Social Securit | |
| /80 | | | Name of accountant of bookkeeper | Dates business existed | |
| 8. W in | ith | nin 2 years before you filed for bankrupto Itutions, creditors, or other parties. | y, did you give a financial statement to | anyone about your business? Inc | lude all financial |
| | ı | No | | | |
| | 1 | Yes. Fill in the details below. | | | |
| Α | d | me dress nber, Street, City, State and ZIP Code) | Date Issued | * | * |

Debtor ! YELAINE A FRIMAN-ARIAS

Case number (it +nown)

| | 100 | AT an amount | the state of the s |
|-----|-----|--------------|--|
| DON | | Simm | Below |
| ган | | Siuli | DEIDW |
| | | | |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

| YELAINE A FRIMAI | N-ARIAS | Signature of Debtor 2 | |
|------------------------------|-------------------------|--|---------------------------------------|
| Signature of Debtor 1 | | | |
| Date October 28, 2 | 2019 | Date | |
| Did you attach addition ■ No | nal pages to Your State | ement of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)? |
| ☐ Yes | | | |
| Did you pay or agree to | pay someone who is | not an attorney to help you fill out bankrupto | y forms? |
| | | 2 22 3 3 4 | F1 |
| No No | | | |

Official Form 108

Creditor's

Description of

securing debt:

name:

property

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

Surrender the property.

Surrender the property.

Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

□ No

| Debtor 1 YELAINE A FRIMAN-ARIAS | Case number (ii | Case number (if known) | | |
|---|--|--|--|--|
| name: | ☐ Retain the property and redeem it. | □ Yes | | |
| =5 8 m2 50 | ☐ Retain the property and enter into a | | | |
| Description of | Reaffirmation Agreement. | | | |
| property | Retain the property and [explain]: | | | |
| securing debt: | | | | |
| Part 2: List Your Unexpired Personal Property Le | eases | | | |
| or any unexpired personal property lease that you n the information below. Do not list real estate leas ou may assume an unexpired personal property le | es. Unexpired leases are leases that are still in effe | ect; the lease period has not yet ended | | |
| Describe your unexpired personal property leases | | Will the lease be assumed? | | |
| Lessor's name: | | □ No | | |
| Description of leased | | The state of the s | | |
| Property: | | ☐ Yes | | |
| essor's name: | | □ No | | |
| Description of leased | | L 140 | | |
| Property: | | ☐ Yes | | |
| essor's name: | | □ No | | |
| Description of leased | | | | |
| Property: | | ☐ Yes | | |
| essor's name: | | □ No | | |
| Description of leased Property: | | 7 30-00 | | |
| a an | | ☐ Yes | | |
| essor's name: | | □ No | | |
| Description of leased | | | | |
| roperty: | | ☐ Yes | | |
| essor's name: | | □ No | | |
| Description of leased Property: | | ☐ Yes | | |
| essor's name: | | | | |
| essor's frame. Description of leased | | □ No | | |
| Property: | | ☐ Yes | | |
| art 3: Sign Below | | | | |
| nder penalty of perjury, I declare that I have indicate roperty that is subject to an unexpired lease. | ted my intention about any property of my estate th | nat secures a debt and any personal | | |
| / /s/ YELAINE A FRIMAN-ARIAS | , x | * | | |
| YELAINE A FRIMAN-ARIAS | Signature of Debtor 2 | | | |
| Signature of Debtor 1 | ಾ 🛩 ಚಾರ್ವಾಸ್ ಕಟ್ಟಡ ನಡೆಯುತ್ತದೆ? | | | |
| Date October 28, 2019 | Date | | | |
| October 20, 2018 | Date | | | |

| Fill in this information to identify your case: | Check one box only as directed in this form and in Form |
|--|---|
| Debtor 1 YELAINE A FRIMAN-ARIAS | 122A-1Supp: |
| Debtor 2 (Spouse, if filing) | 1. There is no presumption of abuse |
| United States Bankruptcy Court for the: District of Nevada Case number | 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). |
| (if known) | ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later. |
| | er, both are equally responsible for being accurate. If more space is needed, |
| attach a separate sheet to this form. Include the line number to which the additicase number (if known). If you believe that you are exempted from a presumptic qualifying military service, complete and file Statement of Exemption from Presumption. | onal information applies. On the top of any additional pages, write your name and n of abuse because you do not have primarily consumer debts or because of |
| attach a separate sheet to this form. Include the line number to which the additi- case number (if known). If you believe that you are exempted from a presumption qualifying military service, complete and file Statement of Exemption from Presumption. Part 1: Calculate Your Current Monthly Income | onal information applies. On the top of any additional pages, write your name and n of abuse because you do not have primarily consumer debts or because of |
| attach a separate sheet to this form. Include the line number to which the additicase number (if known). If you believe that you are exempted from a presumptic qualifying military service, complete and file Statement of Exemption from Presumption. | onal information applies. On the top of any additional pages, write your name and n of abuse because you do not have primarily consumer debts or because of |
| nttach a separate sheet to this form. Include the line number to which the additions in number (if known). If you believe that you are exempted from a presumption qualifying military service, complete and file Statement of Exemption from Presumption 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. | onal information applies. On the top of any additional pages, write your name and n of abuse because you do not have primarily consumer debts or because of umption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. |
| Attach a separate sheet to this form. Include the line number to which the additions in number (if known). If you believe that you are exempted from a presumption qualifying military service, complete and file Statement of Exemption from Presumption of Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. | onal information applies. On the top of any additional pages, write your name and n of abuse because you do not have primarily consumer debts or because of umption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. S A and B, lines 2-11. |
| attach a separate sheet to this form. Include the line number to which the additions in number (if known). If you believe that you are exempted from a presumption qualifying military service, complete and file Statement of Exemption from Presumption from Presumption of Exemption from Presumption from Pr | onal information applies. On the top of any additional pages, write your name and n of abuse because you do not have primarily consumer debts or because of umption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. S A and B, lines 2-11. spouse are: |
| attach a separate sheet to this form. Include the line number to which the additicase number (if known). If you believe that you are exempted from a presumptic qualifying military service, complete and file Statement of Exemption from Presumption from Presumption of Exemption from Presumption | onal information applies. On the top of any additional pages, write your name and n of abuse because you do not have primarily consumer debts or because of umption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Is A and B, lines 2-11. Spouse are: Fill out both Columns A and B, lines 2-11. Ilines 2-11; do not fill out Column B. By checking this box, you declare under ad under nonbankruptcy law that applies or that you and your spouse are |

Debtor 1 Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

0.00 0.00

Column B

Debtor 2 or non-filing spouse

Column A

All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

0.00

5. Net income from operating a business, profession, or farm

Debtor 1 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 Net monthly income from a business, profession, or farm \$

6. Net income from rental and other real property

Debtor 1 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 0.00 Net monthly income from rental or other real property Copy here -> \$ 0.00 7. Interest, dividends, and royalties

Debtor 1 YELAINE A FRIMAN-ARIAS

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | or | |
|--|--|---|--|--|--|--------------------------------------|------------------------|-------------------------------------|
| | employment compensation | | | \$ | 0.00 | \$ | | |
| the | not enter the amount if you contend that the am Social Security Act. Instead, list it here: | | efit under | | | | | |
| F | or you | \$0 | .00 | | | | | |
| Ę | For your spouse | \$ | | | | | | |
| ben not Unit disa pay doe: | nsion or retirement income. Do not include any nefit under the Social Security Act. Also, except a include any compensation, pension, pay, annuit ted States Government in connection with a disa ability, or death of a member of the uniformed se paid under chapter 61 of title 10, then include the sonot exceed the amount of retired pay to which tired under any provision of title 10 other than cl | as stated in the next sentery, or allowance paid by the ability, combat-related injurvices. If you received an at pay only to the extent you would otherwise be | ence, do ne iry or y retired that it | \$ | 0.00 | \$ | | |
| Do r Do r rece dom Unit disa | ome from all other sources not listed above. not include any benefits received under the Socialized as a victim of a war crime, a crime against nestic terrorism; or compensation, pension, pay, ted States Government in connection with a disa ability, or death of a member of the uniformed se | Specify the source and a lal Security Act; payments humanity, or internationa annuity, or allowance par ibility, combat-related injurvices. If necessary, list of | or d by the d by the | | | 10 | | |
| sour | rces on a separate page and put the total below. FOOD STAMPS | | | S | 000.00 | | | |
| | FOOD STAINIFS | | | \$ | 0.00 | Φ | | |
| | Total amounts from separate pages, if any | | | \$ \$ | 0.00 | ° | | |
| 2 72 535 | en de la composition de la composition La composition de la | | | * | 0.00 | Ψ | 1 | |
| each | culate your total current monthly income. Add h column. Then add the total for Column A to the | d lines 2 through 10 for total for Column B. | \$ | 600.00 | + 5 _ | | = \$ | 600.00 |
| t 2: | Determine Whether the Means Test Applie | es to You | | | | | Income | |
| . Calc | culate your current monthly income for the ye | ear. Follow these steps: | | Con | v line 11 h | ara=> | Feet Control | |
| | A PRINCIPAL PRIN | ear. Follow these steps: | | Сор | y line 11 h | ere=> | \$ | 600.00 |
| . Calc | culate your current monthly income for the ye | ear. Follow these steps: ne 11 | | Сор | y line 11 h | ere=> | Feet Control | 600.00 |
| . Calc | culate your current monthly income for the year. Copy your total current monthly income from lin | ear. Follow these steps: ne 11 | | Сор | y line 11 h | nere=> 12b | \$ | 600.00 |
| . Calc 12a. 12b. | culate your current monthly income for the year. Copy your total current monthly income from lire Multiply by 12 (the number of months in a year) | ear. Follow these steps: ne 11 | | Сор | y line 11 h | | \$ | 600.00 |
| . Calc 12a. 12b. . Calc | culate your current monthly income for the year. Copy your total current monthly income from lir Multiply by 12 (the number of months in a year). The result is your annual income for this part of | ear. Follow these steps: ne 11 | | Сор | y line 11 h | | \$ | 600.00 |
| 12a. 12b. Calc | culate your current monthly income for the year. Copy your total current monthly income from line of months in a year, and the result is your annual income for this part of culate the median family income that applies | ear. Follow these steps: ne 11 the form to you. Follow these step | | Сор | y line 11 h | | \$ | 600.00 |
| . Calc 12a. 12b. Calc Fill in Fill in | culate your current monthly income for the year. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year). The result is your annual income for this part of culate the median family income that applies in the state in which you live. In the number of people in your household, in the median family income for your state and signed a list of applicable median income amounts, and a list of applicable median income amounts, | ear. Follow these steps: the form to you. Follow these step NV 3 ze of household. | os: | | | 12b | \$ x 1 s | 600.00 |
| . Calc 12a. 12b. Calc Fill in Fill in To fill for th | culate your current monthly income for the year. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year). The result is your annual income for this part of culate the median family income that applies in the state in which you live. In the number of people in your household, in the median family income for your state and significant the median family income for your state and significant in the median family income for your state and significant in the median family income for your state and significant in the median family income for your state and significant in the median family income for your state and significant in the median family income for your state and significant in the median family income for your state and significant in the median family income for your state and significant in the median family income for your state and significant in the median family income for your state and significant income for your state and your household. | ear. Follow these steps: the form to you. Follow these step NV 3 ze of household. | os: | | | 12b | \$ x 1 b. \$ | 600.00 2 7,200.00 |
| . Calc 12a. 12b. Calc Fill in Fill in To fill for th | culate your current monthly income for the year. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year). The result is your annual income for this part of culate the median family income that applies in the state in which you live. In the number of people in your household, in the median family income for your state and signed a list of applicable median income amounts, and a list of applicable median income amounts, you do the lines compare? | to you. Follow these steps: NV 3 ze of household. go online using the link sankruptcy clerk's office. | os: pecified in | n the separa | ate instruct | 12b 13. ions | \$ x 1 \$ \$6 | 600.00 2 7,200.00 |
| . Calc 12a. 12b. . Calc Fill ir Fill ir To fill for th | Culate your current monthly income for the year. Copy your total current monthly income from line in Multiply by 12 (the number of months in a year). The result is your annual income for this part of culate the median family income that applies in the state in which you live. In the number of people in your household, in the median family income for your state and signed a list of applicable median income amounts, and a list of applicable median income amounts, and a list of applicable median income amounts, and the lines compare? Line 12b is less than or equal to line 13. Go to Part 3. | ear. Follow these steps: ne 11 the form to you. Follow these step NV 3 ze of household. go online using the link sinkruptcy clerk's office. On the top of page 1, ch | os; pecified in eck box | n the separa 1, <i>There is r</i> | ate instruct | 12b 13. ions otion of abus | \$ss6 e. | 600.00 2 7,200.00 9,239.00 |
| . Calci 12a. 12b. Calci Fill ir To fill ir To fill ir How 14a. 14b. | Coulate your current monthly income for the year. Copy your total current monthly income from line in a year, and income for this part of the result is your annual income for this part of culate the median family income that applies in the state in which you live. In the number of people in your household, and a list of applicable median income amounts, and a list of applicable median income amounts, and a list of applicable median income amounts, and the lines compare? Line 12b is less than or equal to line 13. Go to Part 3. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2. Sign Below | ear. Follow these steps: ne 11 the form to you. Follow these step NV 3 ze of household. go online using the link sinkruptcy clerk's office. On the top of page 1, chep of page 1, chep of page 1, check box 2. | os: oecified in eck box The pre. | n the separa 1, There is r sumption of | ate instruct no presump abuse is d | 13. ions otion of abusi | \$\$\$\$\$\$ | 600.00 2 7,200.00 9,239.00 |
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| . Calc 12a. 12b. . Calc Fill ir To fill ir To fill he How 14a. 14b. | Coulate your current monthly income for the year. Copy your total current monthly income from line in a year. Multiply by 12 (the number of months in a year). The result is your annual income for this part of culate the median family income that applies in the state in which you live. In the number of people in your household, in the median family income for your state and signed a list of applicable median income amounts, and a list of applicable median income amounts, and a list of applicable median income amounts, and the lines compare? Line 12b is less than or equal to line 13. Go to Part 3. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjet | ear. Follow these steps: ne 11 the form to you. Follow these step NV 3 ze of household. go online using the link sinkruptcy clerk's office. On the top of page 1, chep of page 1, chep of page 1, check box 2. | os: Decified in eck box The pre | n the separa 1, There is r sumption of | ate instruct no presump abuse is d | 13. ions otion of abusi | \$\$\$\$\$\$ | 600.00 2 7,200.00 9,239.00 |

10/28/19 10:03AM

- Case 19-16950 mkn - Doc 1 - Entered 10/28/19 13:16:37 - Page 55 of 61 - юдени толзам

Debtor 1 YELAINE A FRIMAN-ARIAS

Case number (if known)

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 3 Best Case Bankruptcy

| R2 | Case 19-16950-mkn Doc 1 030 (Form 2030) (12/15) | Entered 10/28/19 1 | 19.40.07 | Page 56 of 61 10/28/19 10:0 |
|------|--|---|----------------------|---|
| 52 | | States Bankruptcy C | ourt | |
| | | District of Nevada | | |
| In | re YELAINE A FRIMAN-ARIAS | | Case N | No. |
| | | Debtor(s) | Chapte | er <u>7</u> |
| | DISCLOSURE OF COMPEN | SATION OF ATTOR | NEV FOD | DEPTOD(S) |
| | | | | Re-100-mentana (managementana) |
| • | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing | | | |
| | be rendered on behalf of the debtor(s) in contemplation of | | | |
| | For legal services, I have agreed to accept | - AR | \$ | 1,500.00 |
| | Prior to the filing of this statement I have received | | \$ | 1,500.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | The source of the compensation paid to me was: | | 000 ISI E | 777000 |
| 55 | and one was the same of the same of the same same same same same same same sam | | 121 | |
| | ☐ Debtor ☐ Other (specify): BOYFR | IEND - Yaixel Gonzalez Ca | irriegos | |
| | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| | WHERE SERVICES STREET, WELL AND WE ARE SERVICES AND SERVI | | | |
| × | I have not agreed to share the above-disclosed competent | nsation with any other person t | ınless they are m | nembers and associates of my law fir |
| | ☐ I have agreed to share the above-disclosed compensati | ion with a person or persons w | ho are not memb | pers or associates of my law firm. A |
| | copy of the agreement, together with a list of the name | es of the people sharing in the | compensation is | attached. |
| ŝ | In return for the above-disclosed fee, I have agreed to rend | der legal service for all aspects | of the bankrupte | cy case, including: |
| | a. Analysis of the debtor's financial situation, and renderi | ing advice to the debter in dete | rmining whather | to file a patition in bankmentour |
| | b. Preparation and filing of any petition, schedules, staten | ment of affairs and plan which | may be required; | The resolution of the second section of the s |
| | c. Representation of the debtor at the meeting of creditors d. [Other provisions as needed] | s and confirmation hearing, and | d any adjourned | hearings thereof; |
| | Negotiations with secured creditors to rec | duce to market value; exe | mption planni | ng; preparation and filing of |
| | reaffirmation agreements and application | s as needed; preparation | | |
| | 522(f)(2)(A) for avoidance of liens on hous | senola goods. | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee of | | | |
| | Representation of the debtors in any disc any other adversary proceeding. | nargeability actions, judic | iai lien avoida | inces, relief from stay actions of |
| _ | | CERTIFICATION | | |
| | I certify that the foregoing is a complete statement of any | | payment to me for | or representation of the debtor(s) in |
| this | s bankruptcy proceeding. | | | |
| | October 28, 2019 | /s/ MICHAEL J. HA | RKER | |
| 9 | Date | MICHAEL J. HARK | (ER 5353 | |
| | 25. | Signature of Attorney LAW OFFICES OF | MICHAEL L | - ARKER |
| | | 2901 EL CAMINO | | |
| | | Las Vegas, NV 891 | | • |
| | | 702-248-3000 Fax NOTICES@HARKI | | |
| | | | | |

| | | United States Bankruptcy Court District of Nevada | | |
|--------|-------------------------------------|--|---------------|-----------------------|
| In re | YELAINE A FRIMAN-ARIAS | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | VERI | FICATION OF CREDITOR MA | TRIX | |
| The ab | ove-named Debtor hereby verifies th | at the attached list of creditors is true and correc | t to the best | of his/her knowledge. |
| Date: | October 28, 2019 | isi YELAINE A FRIMAN-ARIAS | | |

YELAINE A FRIMAN-ARIAS

Signature of Debtor

YELAINE A FRIMAN-ARIAS 2019 ANTELOPE WAY Las Vegas, NV 89145

MICHAEL J. HARKER LAW OFFICES OF MICHAEL J. HARKER 2901 EL CAMINO AVE STE# 200 Las Vegas, NV 89102

ACIMA CREDIT FKA 9815 S. MONROSE ST FL4 Sandy, UT 84070

AD ASTRA RECOVERY SERVICING 7330 W. 33RD ST N #118 Wichita, KS 67205

ALLTRAN FINANCIAL PO BOX 4044 Concord, CA 94524

AMEX PO BOX 297871 Fort Lauderdale, FL 33329

AT&T MOBILITY PO BOX 57547 Jacksonville, FL 32241

BANK OF AMERCA PO BOX 982238 El Paso, TX 79998

CAPITAL MANAGEMENT SERVICE, LP 698 1/2 SOUTH OGDEN STREET Buffalo, NY 14206

CAPITAL ONE BANK USA 15000 CAPITAL ONE DR., RICHMOND, VA 23238

CARENOW
PO BOX 908
Brentwood, TN 37024

CASH 1 3209 W. SAHARA AVE STE 114 Las Vegas, NV 89117

CASH OASIS 5628 W. CHARLESTON BLVD Las Vegas, NV 89146 CBNA PO BOX 6497 Sioux Falls, SD 57117

CHECK CITY 6820 W. CHARLESTON Las Vegas, NV 89117

CKS PRIME INVESTMENTS 505 INDEPENDENCE PKWY ST Chesapeake, VA 23320

CLARK COUNTY ASSESSOR C/O BANKRUPTCY CLERK 500 S. GRAND CENTRAL PKWY BOX 551401 Las Vegas, NV 89155

CLARK COUNTY RECORDER 500 S. GRAND CENTRAL PKWY Las Vegas, NV 89155

CLIENT SERVICES 3451 HARRY S. TRUMAN BLVD Saint Charles, MO 63301

CONNS CREDIT CORP 3295 COLLEGE ST Beaumont, TX 77701

CREDENCE RESOURCE MANGAEMENT PO BOX 2300 Southgate, MI 48195

CREDIT ONE BANK PO BOX 98875 Las Vegas, NV 89193

CURACAO 1605 W. OLYMPIC BLVD STE 600 Los Angeles, CA 90015

CUSTOMER FURNITURE RENTAL 285 S. MARTIN LUTHER KING BLVD Las Vegas, NV 89106

DEPT OF EMPLOYMENT TRANING & REHAB 500 EAST THIRD ST Carson City, NV 89713

DISCOVER BANK 502 E. MARKET ST Greenwood, DE 19950 Furniture Fashions at The Boulevard 3500 S. MARYLAND PARKWAY SUITE 171 Las Vegas, NV 89169

GC SERVICES 6330 GULFTON ST Houston, TX 77081

HENDERSON HOSPITAL PO BOX 31001-0827 Pasadena, CA 91110

INTERNAL REVENUE SERVICES PO BOX 7346 Philadelphia, PA 19101

LENDING CLUB CORPORATION
71 STEVENSON ST., SUITE 300
San Francisco, CA 94105-8000

LIPPMAN RECUPERO, PLLC 1325 N. WILMONT RD 3RD FLOOR Tucson, AZ 85712

MEDICREDT, INC. PO BOX 1629 Maryland Heights, MO 63043

MINUTE LOAN CENTER 1955 E. TROPICANA AVE SUITE J&K Las Vegas, NV 89119

MY KIDS DOCTOR INC 3039 W. HORIZON RIDGE PKWY SUITE 110 Henderson, NV 89052

NATIONWIDE CREDIT, INC. PO BOX 14581 Des Moines, IA 50306

NEVADA DEPT OF TAXATION 555 E. WASHINGTON AVE #1300 Las Vegas, NV 89121

PROGRESSIVE LEASING 256 DATA DR Draper, UT 84020

RAPID CASH PO BOX 780408 Wichita, KS 67278 RAUSCH, STURM, ISRAEL, ENERSON & HORNIK, 8691 WEST SAHARA AVE SUITE 210 Las Vegas, NV 89117

SNAP FINANCE PO BOX 26561 Salt Lake City, UT 84126

SOCIAL SECURITY ADMINISTRATION 160 SPEAR STREET, SUITE 800 San Francisco, CA 94105

SUNRISE CREDIT SERVICE PO BOX 9100 Farmingdale, NY 11735

SUNTRUST 600 W. BROADWAY STE 2000 San Diego, CA 92101

SYNCB/GAP PO BOX 965005 Orlando, FL 32896

SYNCB/PAYPALSMARCONN PO BOX 965005 Orlando, FL 32896

VITAL RECOVERY SERICES LLC PO BOX 923747 PEACHTREE CORS, GA 30010

WAKEFILED & ACCOCIATES PO BOX 58 830 E. PLATTE AVE UNIT A Fort Morgan, CO 80701

WALKER 301 S. MARTIN L. KING BLVD Las Vegas, NV 89106

WESTSTAR.LOAN SERVICING. PO BOX 94138 Las Vegas, NV 89193

YIYI TRAVEL 1800 S. EASTERN AVE Las Vegas, NV 89104